

**Table of Contents (Cover Page) for one PDF to post on Medicaid.gov**

**Sample Template is below this line. Do not print the wording above this line.**

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## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: CT 10-012 ✓**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

December 11, 2012

Roderick Bremby, Commissioner  
Department of Social Services  
25 Sigourney Street  
Hartford, Connecticut 06106

Dear Mr. Bremby:

On November 30, 2012, our Central Office sent you a letter approving your proposed State Plan amendment (SPA) No. 10-012. This letter transmits the Transmittal and Notice of Approval State Plan Material (CMS-179) and the approved State Plan pages.

SPA 10-012 proposed to eliminate coverage for Medicaid covered outpatient prescription over-the-counter drugs for beneficiaries who are twenty-one years of age and older. In addition, the state removed the non-prescription products that do not meet the Medicaid drug rebate requirements under section 1927 (k)(2)(c) of the Social Security Act. This SPA has been approved effective June 1st, 2010, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Addendum Page 11 to Attachment 3.1A
- Addendum Page 11 to Attachment 3.1B

If you have any questions regarding this matter you may contact Marie Montemagno (617) 565-9157 or by e-mail at [Marie.Montemagno@cms.hss.gov](mailto:Marie.Montemagno@cms.hss.gov)

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Kate McEvoy, Interim Director, Medical Care Administration

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:  
10-012

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
6/01/2010

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Sections 1935(d)(1), 1927(d)(2) and  
1935(d)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2010 (\$1.76 million)  
b. FFY 2011 (\$4.55 million)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, Addendum page 11  
Attachment 3.1B, Addendum page 11

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If applicable)

Attachment 3.1A, Addendum page 11  
Attachment 3.1B, Addendum page 11

SUBJECT OF AMENDMENT: Under state plan amendment 10-012, the Department of Social Services proposes to amend Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan. Effective June 1, 2010, the Medicaid agency will eliminate coverage of nonprescription drugs for clients age 21 and over.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Comments, if any, to follow.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

State of Connecticut  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106-5033  
Attention: Ginny Mahoney

14. TITLE: Commissioner, Department of Social Services

15. DATE SUBMITTED:  
June 23, 2010

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: June 23, 2010

18. DATE APPROVED: November 30, 2012

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
June 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator  
Div of Medicaid & Children's Health Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE  
CATEGORICALLY NEEDY GROUP (S): ALL

- (4) Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

The following drugs or classes of drugs are excluded from coverage by the Medicaid agency, except the drugs checked, for which the Medicaid agency provides coverage, as described below, to ALL Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D:

- ☒ Agents when used for anorexia, weight loss, weight gain  
(Weight gain medications, anabolic steroids, growth hormones only)
- ☐ Agents when used to promote fertility
- ☐ Agents when used for cosmetic purposes or hair growth
- ☒ Agents when used for the symptomatic relief of cough and colds
- ☒ Prescription vitamins and mineral products, except prenatal vitamins and fluoride
- ☒ Nonprescription drugs on the OTC formulary covered for clients under the age of 21.  
(OTC formulary includes: Antacids, H2 antacids, spermicidal foam and jelly, cough, cold and allergy, nasal mast stabilizer, laxatives, antihistamines, decongestants, topical Antifungals, vaginal Antifungals).
- ☐ Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee
- ☒ Barbiturates
- ☒ Benzodiazepines
- ☐ Smoking cessation (except dual eligibles as Part D will cover)

- (5) Certification of Brand Name Drugs  
Reimbursement for multiple-source drugs for which CMS has designated a FUL is not limited to the FUL if a licensed authorized practitioner determines that a specific brand is medically necessary for a particular patient provided the requirements noted in section 5(a) are met.

- (6) Prior Authorization Requirements:  
PA shall be available in accordance with 1927(d)(5) of the Social Security Act. The state shall provide a response within two (2) hours upon a request for prior authorization. An automatic fourteen (14) day supply of medication shall be made available if no prior authorization has been requested and granted. In addition, a one-time five (5) day emergency supply shall be made available when the department representative has been contacted and no prior authorization has been requested and granted.

OFFICIAL

Addendum Page 11  
To Attachment 3.1 – B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE  
MEDICALLY NEEDY GROUP (S): ALL

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TN # 10-012  
Supersedes  
TN # 09-022

Approval Date 11/30/12

Effective Date 06/01/10